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IMMUNIZATION TANZANIA

Vaccines are one of the most cost-effective and lasting health investments, playing a vital role in reducing child mortality. While Tanzania has high coverage in several routine immunizations, discrepancies exist in terms of geographic location, socioeconomic status, and mother's level of education. Faced with a lack of electricity and inadequate roads in many regions, transporting supplies under continuous cold storage to Tanzania's mostly rural population is a persistent challenge. Sector-wide obstacles, such as a lack of trained health staff and financing, also limit the ability to supervise, monitor, and fund immunization efforts.

The United States is one of the largest donors to the Global Alliance for Vaccines and Immunization, (the GAVI Alliance), committing more than \$1.2 billion over the last 12 years to expand access to vaccines in the world's poorest countries. Of this, over \$250 million has gone to the United Republic of Tanzania since 2000. Introductory GAVI Alliance vaccine funds were used by Tanzania to co-fund the nationwide introduction of the pneumococcal conjugate vaccine (PCV) and rotavirus vaccine in 2013 to combat two of the leading causes of death in children under five: pneumonia and diarrhea.

Recognizing the need for additional support in planning, launching, and monitoring these new vaccines, the U.S. Government provided immunization assistance to the Ministry of Health, Community Development, Gender, the Elderly and Children through the Maternal and Child Health Integrated Program (MCHIP) beginning 2011. In collaboration with partners such as UNICEF and the World Health Organization, MCHIP assisted in strengthening the Tanzania Immunization and Vaccine Development Program's national capacity to oversee the timely and comprehensive introduction of the PCV and rotavirus vaccines. USAID also supported the introduction of the measles second dose vaccine and rubella vaccine in 2015 through work in advocacy, community mobilization, logistics management, and training health workers.

SALA LEWIS / VERVE

IMMUNIZATION OVERVIEW

FUNDING LEVEL

- MCHIP: \$2.2 million in FY 2015
- MCSP: Approximately \$1.5 million annually in FY 2015 and FY 2016 (combined funds from all partners)

MAJOR PARTNERS

- Ministry of Health, Community Development, Gender, the Elderly and Children
- World Health Organization
- UNICEF
- Clinton Health Access Initiative
- PATH International
- The Centers for Disease Control and Prevention
- John Snow International

GEOGRAPHIC LOCATION

- National level: 2011 to present
- Regional level: 2013 to present in Kagera, Tabora, Simiyu

Districts:

- Kagera: Karagwe, Kyerwa, Ngara, Muleba
- Tabora: Urambo Kaluua, Tabora Urban
- Simiyu: Bariadi Council, Bariadi Town Council, Itinima

CONTACT

Ráz Stevenson
rstevenson@usaid.gov

Since 2014, USAID/Tanzania has continued its commitment to reducing vaccine-preventable deaths through support to the Maternal and Child Survival Program (MCSP). MCSP is providing technical assistance to improve Tanzania's routine immunization coverage for each annual birth cohort of over 1.8 million children, as well as guidance on the introduction of vaccines against rubella and polio. This support includes efforts to improve equity and quality of immunization services in poorer-performing districts, and to help reach the roughly 150,000 children who are not receiving their full complement of vaccines. Additionally, USAID led the introduction of these vaccines into the national Electronic Logistic Management Information System (ELMIS) in the past year to improve vaccine availability and stock management.

CHALLENGES

- While immunization coverage in Tanzania is high compared to other African countries, variability among districts can result in low coverage in some regions. For example, Simiyu, Tabora, and Kagera have had coverage below 80 percent since 2009. In these districts, USAID has been working to improve microplanning, cold chain (the transportation of supplies under non-stop cold storage), supervision, data management, and outreach with good success.
- Although the Government of Tanzania is committed to its immunization program, recurrent operational costs often lack sufficient resources due to the need for better domestic resource mobilization, planning, and targeting of funds at subnational levels. Also, capacity building and performance improvement in preventive services like immunization are needed for health staff at all levels due to lack of training and staff attrition.

IMPACT

Since the successful 2013 launch of the PCV and rotavirus vaccines within the routine immunization program, the measles second dose and rubella vaccines have also been introduced. Nationwide vaccine coverage rates for 2015 were:

- 99 percent for the BCG (tuberculosis) vaccine
- 98 percent for DTP-Hib-HepB3 (covers diphtheria, tetanus, pertussis, haemophilus influenzae type b, and hepatitis B)
- 98 percent for the rotavirus vaccine last dose
- 95 percent for the pneumococcal vaccine third dose
- 99 percent for the measles first dose vaccine
- 57 percent for the measles second dose vaccine